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Bib Data Sheet

CONFIRMATION NO. 8652

<b>SERIAL NUMBER</b> 10/517,072	<b>FILING OR 371(c) DATE</b> 05/10/2005 <b>RULE</b>	<b>CLASS</b> 433	<b>GROUP ART UNIT</b> 3732	<b>ATTORNEY DOCKET NO.</b> H01.2-11733-US01
<b>APPLICANTS</b> Andreas Van Eikeren, Cuxhaven, GERMANY; Manfred Thomas Plaumann, Cuxhaven, GERMANY;				
<b>** CONTINUING DATA *****</b> This application is a 371 of PCT/EP03/06433 06/18/2003				
<b>** FOREIGN APPLICATIONS *****</b> GERMANY 10245274.1 09/27/2002				
Foreign Priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after met Allowance Verified and Acknowledged Examiner's Signature _____ Initials _____		<b>STATE OR COUNTRY</b> GERMANY	<b>SHEETS DRAWING</b> 0	<b>TOTAL CLAIMS</b> 14
<b>INDEPENDENT CLAIMS</b> 1				
<b>ADDRESS</b> 490				
<b>TITLE</b> DENTAL MASKING PRODUCT FOR TEETH AND GUM				
<b>FILING FEE RECEIVED</b> 840	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit	